Contextual Interpretation of the MCMI®-IV:
Using a Case Study
Seth Grossman, Psy.D.

Agenda

Analyze MCMI-IV report to
- Describe patient’s personality patterns;
- Describe clinical syndromes; and
- Identify therapeutic needs.
Scores and Interpretation

Types of Normative Scores

<table>
<thead>
<tr>
<th>Base Rate</th>
<th>Percentile Rank</th>
</tr>
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<tbody>
<tr>
<td>Scaled to reflect the differing prevalence rates of characteristics measured by MCMI-IV.</td>
<td>Signifies percentage of normative population that scored at or below a given BR score.</td>
</tr>
<tr>
<td>BR transformation tables are available for Personality Pattern, Clinical Syndrome, validity, and facet scales.</td>
<td>Because MCMI-IV scales have varying distribution shapes, the relationship between BR scores and percentile ranks varies across scales.</td>
</tr>
</tbody>
</table>
Base Rate Scores...

- Are based on prevalence rate of disorder.
- Describe where a person is on a spectrum of personality.

<table>
<thead>
<tr>
<th>Base Rate</th>
<th>Interpretation/Interpretive Benchmarks</th>
</tr>
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<tbody>
<tr>
<td>60-74</td>
<td>• Normal Style&lt;br&gt;• Likely presence of traits; some may be problematic, still in “style” range</td>
</tr>
<tr>
<td>75-84</td>
<td>• Abnormal Type&lt;br&gt;• Abnormal trait level, more defined dysfunction possible</td>
</tr>
<tr>
<td>85+</td>
<td>• Clinical Disorder&lt;br&gt;• Clinical disorder range, likely at an impairing level</td>
</tr>
</tbody>
</table>
The Role of Personality in Mental Wellness

Interpretive Stages

Stage 1
Clinical Information
Noteworthy Responses
Validity & Modifying Indices
Response Styles

Stage 2
Severe Personality Pathology
Clinical Personality Patterns
Grossman Factor Scales
Severe Clinical Syndromes
Clinical Syndromes

Stage 3
Psychosocial History
Clinical Report
Personalized Feedback

Scale Elevations and Configurations

Personality Scales
- Severe Personality Pathology
- Clinical Personality Patterns
- Grossman Facet Scales

Clinical Syndromes
- Severe Clinical Syndromes
- Clinical Syndromes

Evolutionary Theory of Personality Disorders

<table>
<thead>
<tr>
<th>Existence</th>
<th>Adaptation</th>
<th>Replication</th>
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<tr>
<td>Pleasure (Life Enhancing)</td>
<td>Passive (Accommodating)</td>
<td>Self (Independent)</td>
</tr>
<tr>
<td>Pain (Life Sustaining)</td>
<td>Active (Modifying)</td>
<td>Other (Dependent)</td>
</tr>
</tbody>
</table>

Three basic polarities (dimensions)
Severe Personality Pathology Scales

Examine the following scales:

- Schizotypal (Scale S)
- Borderline (Scale C)
- Paranoid (Scale P)

Benchmark BR of 75 may be indicative of the personality types that approximate DSM-5 diagnoses.

BR of 85 may be further level of pathology indicating the likelihood of a severely impairing personality disorder.

Personality Scales

“Severe” scales: Any elevation above BR 60 can colorize interpretation of scales 1-8B
Clinical Personality Patterns Scales

- Examine Scales 1 through 8B.
- Identify clinically elevated scales (base rate 60 and above).
- Identify as high-point code the three scales with highest clinical elevations.

Benchmark BR of 60 – generally adaptive personality styles with moderate or occasional difficulties in specific areas.

Higher base rate benchmarks of 75 or 85 are indicative of less adaptive personality types or clinical personality disorders, respectively.

Language of the Theory > Language of Interpretation

Motivating Aims: Develop facility for translating categorical/clinical, to dimensional/descriptive
- e.g., traditional, “This shows you are a dependent.”
- more effective to describe, via theory: “You may prefer holding back, maybe wait for approval before you’re sure of your actions.”

Dynamic Interpretation: Develop facility in describing several scales in context with one another, with this method.
- Use of “if this were everything about you...” but it’s not.
- Note where evolutionary polarities may align, complement, or conflict, e.g., “at times these tendencies may balance, but other times they may get you ‘stuck’.”

Facets: Move toward descriptions of specific “domains...”
- Developed to correspond with different personologic functions and structures
-Aligned with modalities of treatment, e.g., cognitive, experiential, dynamic, etc.– begins to suggest therapeutic goals
Ex: 2A-5 (Avoidant/Narcissistic) Admixture

Scale 2A: Avoidant

<table>
<thead>
<tr>
<th>Pleasure</th>
<th>Pain</th>
</tr>
</thead>
<tbody>
<tr>
<td>Passive</td>
<td>Active</td>
</tr>
<tr>
<td>Self</td>
<td>Other</td>
</tr>
</tbody>
</table>

Language feedback cues:
1. Intense focus on safety
2. High energy in self-protection
3. Little room to relax
4. Little room for enhancement/fulfillment
5. Self/other variables likely will be clarified by other scale elevations

- Weak on Polarity Dimension
- Average on Polarity Dimension
- Strong on Polarity Dimension

---

Ex: 2A-5 (Avoidant/Narcissistic) Admixture

Scale 5: Narcissistic

<table>
<thead>
<tr>
<th>Pleasure</th>
<th>Pain</th>
</tr>
</thead>
<tbody>
<tr>
<td>Passive</td>
<td>Active</td>
</tr>
<tr>
<td>Self</td>
<td>Other</td>
</tr>
</tbody>
</table>

Language feedback cues:
1. Unremarkable fulfillment/safety engagement
2. "Environment will be there for me"
3. No perceived need to act on pursuits
4. Major focus on self
5. Others important only as extension of self

- Weak on Polarity Dimension
- Average on Polarity Dimension
- Strong on Polarity Dimension
Language of the Theory > Language of Interpretation

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Multiple elevations: Bringing us closer to an accurate reflection of the person . . .

- Pleasure
- Pain
- Passive
- Active
- Self
- Other

CE Narc

- Weak
- Average
- Strong

- Conflict
- Reversal

SRAvoid

- Weak
- Average
- Strong

- Conflict
- Reversal

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Personality Scales (2): Examine patterns between 2-3 (sometimes more) most elevated scales

2A: SRAvoid

2B: DFMelan

S: ESSchizophrenic

Language of the Theory > Language of Interpretation

Motivating Aims: Develop facility for translating categorical/clinical, to dimensional/descriptive
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- Aligned with modalities of treatment, e.g., cognitive, experiential, dynamic, etc. – begins to suggest therapeutic goals
Grossman Facet Scales

1 Schizoid
   1.1 Interpersonally Unengaged
   1.2 Meager Content
   1.3 Temperamentally Apathetic
2A Avoidant
   2A.1 Interpersonally Aversive
   2A.2 Alienated Self-Image
   2A.3 Vexatious Content
2B Melancholic
   2B.1 Cognitively Fatalistic
   2B.2 Worthless Self-Image
   2B.3 Temperamentally Woeful
3 Dependent
   3.1 Expressively Puerile
   3.2 Interpersonally Submissive
   3.3 Inept Self-Image
4A Histrionic
   4.1 Expressively Dramatic
   4.2 Interpersonally Attention-Seeking
   4.3 Temperamentally Fickle
4B Turbulent
   4B.1 Expressively Impetuous
   4B.2 Interpersonally High-Spirited
   4B.3 Exalted Self-Image
5 Narcissistic
   5.1 Interpersonally Exploitive
   5.2 Cognitively Expansive
   5.3 Admirable Self-Image
6A Antisocial
   6A.1 Interpersonally Irresponsible
   6A.2 Autonomous Self-Image
   6A.3 Acting-Out Dynamics
6B Sadistic
   6B.1 Expressively Precipitate
   6B.2 Interpersonally Abrasive
   6B.3 Eruptive Architecture
7 Compulsive
   7.1 Expressively Disciplined
   7.2 Cognitively Constricted
   7.3 Reliable Self-Image
8A Negativistic
   8A.1 Expressively Embittered
   8A.2 Discontented Self-Image
   8A.3 Temperamentally Irritable
8B Masochistic
   8B.1 Undeserving Self-Image
   8B.2 Inverted Architecture
   8B.3 Temperamentally Dysphoric
S Schizotypal
   S.1 Cognitively Circumstantial
   S.2 Estranged Self-Image
   S.3 Chaotic Content
C Borderline
   C.1 Uncertain Self-Image
   C.2 Split Architecture
   C.3 Temperamentally Labile
P Paranoid
   P.1 Expressively Defensive
   P.2 Cognitively Mistrustful
   P.3 Projection Dynamics

Scale Elevations and Configurations
Organization of Interpretive Report

The MCMI-IV Interpretive Report includes scores and in-depth interpretive text organized as follows:

Cover Page
Report Summary
Profile Summary
Response Tendencies
Personality Patterns
Grossman Facet Scales

Clinical Syndromes
Noteworthy Responses
Possible DSM-5 (ICD-10) Diagnoses
Treatment Guide
Item Responses
Demographic Information

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<th>Name:</th>
<th>Robert Sample</th>
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<td>Age:</td>
<td>33</td>
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<tr>
<td>Gender:</td>
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</tr>
<tr>
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<td>High school diploma or equivalent</td>
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<tr>
<td>Race:</td>
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<tr>
<td>Marital Status:</td>
<td>Never Married</td>
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<tr>
<td>Date Assessed:</td>
<td>10/13/2015</td>
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Report Summary

MCMI-IV reports are normed on patients who were in the early phases of assessment or psychotherapy for emotional discomfort or social difficulties. Respondents who do not fit this normative population or who have inappropriately taken the MCMI-IV for nonclinical purposes may have inaccurate reports. The MCMI-IV report cannot be considered definitive. It should be evaluated in conjunction with additional clinical data. The report should be evaluated by a mental health clinician trained in the use of psychological tests.

Interpretive Considerations

The patient is a 33-year-old single white male with a high school diploma or equivalent. He is currently being seen as an outpatient, and he reports that he has recently experienced a problem that involves his job or school. These self-reported difficulties, which have occurred for an unspecified period of time, may take the form of a clinical syndrome disorder.
MCMI-IV Validity

<table>
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<tr>
<th>Classification</th>
<th>Scale V: Invalidity</th>
<th>Scale W: Inconsistency</th>
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<td>Questionable</td>
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<tr>
<td>Invalid</td>
<td>2-3</td>
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</table>

Some Noteworthy Responses

**Emotional Dyscontrol**
- 27. Item Content Omitted (True)
- 36. Item Content Omitted (True)
- 56. Item Content Omitted (True)
- 177. Item Content Omitted (True)

**Self-Destructive Potential**
- 34. Item Content Omitted (True)
- 39. Item Content Omitted (True)
- 59. Item Content Omitted (True)
- 126. Item Content Omitted (True)
- 164. Item Content Omitted (True)
## Personality Patterns

<table>
<thead>
<tr>
<th>Personality</th>
<th>Raw Score</th>
<th>PR</th>
<th>BR</th>
<th>Style</th>
<th>Type</th>
<th>Disorder</th>
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<tbody>
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<td>63</td>
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<td>6</td>
<td>50</td>
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<td>33</td>
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<td>Turbulid</td>
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<td>24</td>
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<td>Negativistic</td>
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<tr>
<td>Masochistic</td>
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<td>10</td>
<td>97</td>
<td>82</td>
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### Severe Personality Pathology

<table>
<thead>
<tr>
<th>Personality</th>
<th>Score</th>
<th>PR</th>
<th>BR</th>
<th>Style</th>
<th>Type</th>
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<tbody>
<tr>
<td>Schizotypal</td>
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<td>73</td>
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<td>Borderline</td>
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<tr>
<td>Paraphbic</td>
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<td>61</td>
<td>64</td>
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</table>

### 3 highest elevated personality patterns:

- **6A: ADantis**
  - Pleasure: Weak
  - Pain: Average
  - Passive: Strong
  - Active: Reversal
  - Self: Other
  - Other: Self

- **8B: AAMasoc**
  - Pleasure: Weak
  - Pain: Average
  - Passive: Strong
  - Active: Reversal
  - Self: Other
  - Other: Self

- **2A: SRAvoid**
  - Pleasure: Weak
  - Pain: Average
  - Passive: Strong
  - Active: Reversal
  - Self: Other
  - Other: Self
### Facet Scores

**Facet Scales for Highest Elevated Personality Scales**

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<tr>
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<td>48</td>
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<td>Inverted Architecture</td>
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<td>Avoidant</td>
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### Clinical Syndromes

**Psychopathology**

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</table>
Interpretive Considerations

The patient is a 33-year-old single white male with a high school diploma or equivalent. He is currently being seen as an outpatient, and he reports that he has recently experienced a problem that involves his job or school. These self-reported difficulties, which have occurred for an unspecified period of time, may take the form of a clinical syndrome disorder.

Profile Severity

On the basis of the test data, it may be reasonable to assume that the patient is experiencing a moderately severe mental disorder; further professional study may be advisable to assess the need for ongoing clinical care. The text of the following interpretive report may need to be modulated only slightly upward or downward given this probable level of severity.
MCMI-IV and DSM-5 Personality Disorders

Possible Diagnoses

He appears to fit the following personality disorder classifications best: Antisocial Personality Disorder, with Unspecified Personality Disorder (Masochistic) Type, Avoidant Personality Type, and Borderline Personality Style.

Clinical syndromes are suggested by the patient's MCMI-IV profile in the areas of Alcohol Use Disorder and Other (or Unknown) Substance Use Disorder.
Possible DSM5 and ICD-10 Diagnoses

Clinical Syndromes

- 305.00 (F10.10) Alcohol Use Disorder
- 305.90 (F19.10) Other (or Unknown) Substance Use Disorder

Personality Disorders

- 301.7 (F60.2) Antisocial Personality Disorder with Unspecified Personality Disorder (Masochistic Type)
- Avoidant Personality Type and Borderline Personality Style

Therapeutic Considerations

- Moody and unpredictable, this person may act in a self-demeaning yet angry way in anticipation of condemnation from others.
- Psychological difficulties may leave him feeling unduly vulnerable and contrary. Close attention and a supportive attitude should diminish noncompliance. Any sign of uncooperativeness should be responded to in a firm, no-nonsense manner that is professional rather than punitive in character.
- A brief and focused approach to therapy should be effective in moderating his erratic emotions and behavior.
Treatment Guide

- Treatment should be oriented toward issues and techniques of a short-term character, focusing on matters that might call for immediate attention, followed by time-limited procedures designed to reduce the likelihood of repeated relapses.
- Worthy of note is the possibility of a troublesome alcohol and/or substance-abuse disorder. If verified, appropriate short-term behavioral management or group therapy programs should be rapidly implemented.

Questions
Contextual Interpretation of MCMI-IV: Using a Case Study
Seth Grossman, Psy.D.

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866-335-8418 (Canada)